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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application** )  
**SOPKO et al.** )  
**Application Number: 09/935,843** )  
**Filed: August 24, 2001** )  
**For: METHOD AND SYSTEM FOR PROVIDING** )  
**MAINTENANCE & MANAGEMENT SERVICES FOR** )  
**LONG-TERM CAPITAL EQUIPMENT OR** )  
**FIXTURES BY PROVIDING A PERFORMANCE** )  
**WARRANTY (AS AMENDED)** )  
**Attorney Docket No. TREM.0001** )



**Art Unit 3629**  
**Special Program**  
**Examiner**  
**Fisher, Michael J**

**Commissioner of Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	16	16	(Over 20)	x \$50	0
Independent Claims	3	3	(Over 3)	x \$200	00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
TOTAL					0

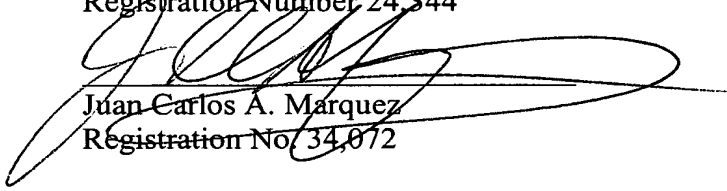
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |  |  |
|--|--|
| [ x ] Response to Office Action<br>(no Claim Amendments) | [ ] Petition for Extension of Time ( month)            |
| [ ] Substitute Specification                             | [ ] Terminal Disclaimer                                |
| [ ] Preliminary Amendment                                | [ ] Letter to Draftsperson                             |
| [ ] Information Disclosure Statement                     | [ ] Assignment   |
|  | [ x ] Testimonials from Department of Veterans Affairs |

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ ] A check in the amount of \$ \_\_\_\_\_ to cover the fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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